Complete if Known Substitute for form 1449A/PTO **Application Number** 10/544,231 INFORMATION DISCLOSURE Filing Date 08-02-05 STATEMENT BY APPLICANT First Named Inventor Toshiyuki Fujine Art Unit 2629 (Use as many sheets as necessary) **Examiner Name** Calvin Ma 1248-0799PUS1 Attorney Docket Number 4 of Sheet 1

			U.S. P	ATENT DOCUMENTS	
Examiner nitial *	Cite No. 1	Document Number Number - Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner	Date	, '
Signature	Considered	

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Substitute	for form 1449A/P	то		Complete if Known			
				Application Number	10/544,231		
	RMATION			Filing Date	08-02-05		
STAT	TEMENT E	BY APP	LICANT	First Named Inventor	Toshiyuki Fujine		
				Art Unit	2629		
	(Use as many she	eets as neces	ssary)	Examiner Name	Calvin Ma		
Sheet	2	of	4	Attorney Docket Number	1248-0799PUS1		

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